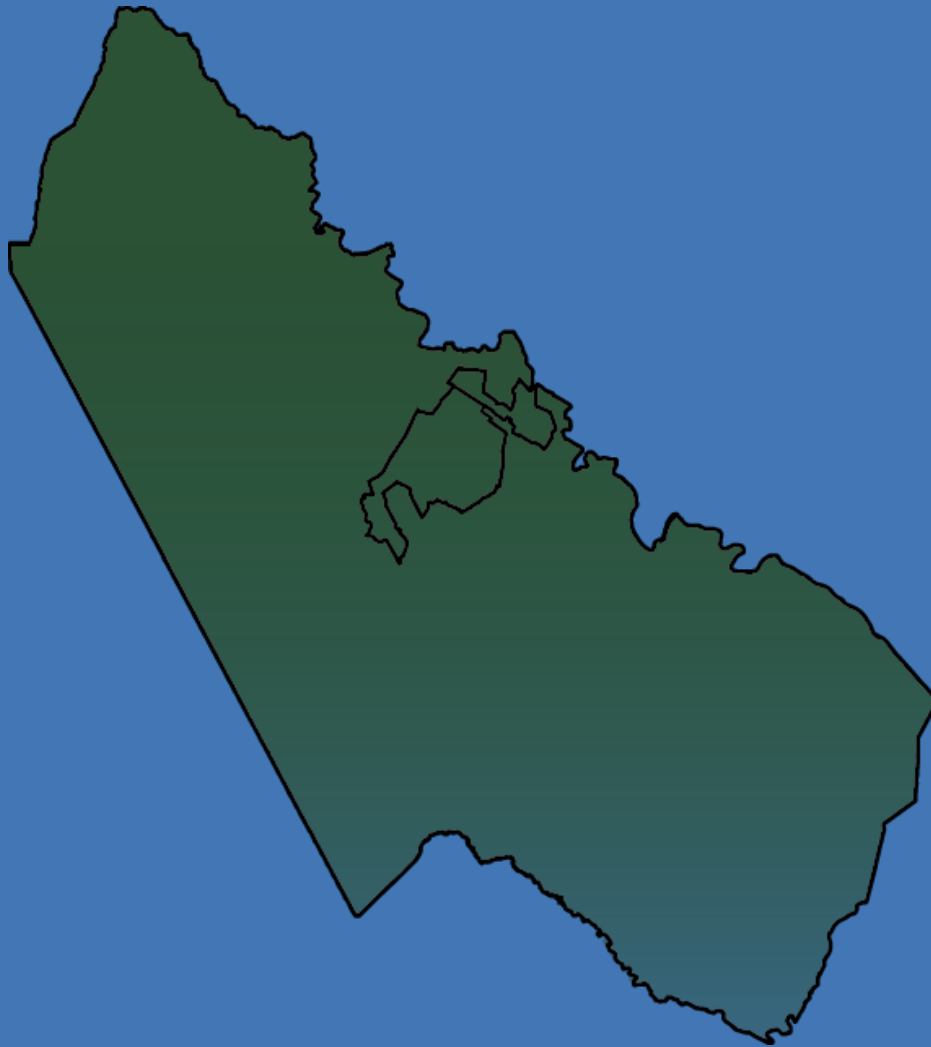


# GREATER PRINCE WILLIAM AREA COMMUNITY HEALTH IMPROVEMENT PLAN 2014-2019



CITY OF MANASSAS  
CITY OF MANASSAS PARK  
PRINCE WILLIAM COUNTY



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## Executive Summary

In September 2013, the first comprehensive profile of public health in our community – the Greater Prince William Area (GPWA) Community Health Assessment – was completed. This document expanded upon previous health assessment efforts that began in early 2012 with the Live Well! Coalition. This Coalition, whose membership includes a diverse group of community leaders and stakeholders representing Prince William County and the Cities of Manassas and Manassas Park, completed an environmental assessment to gather information about local as well as statewide policies and regulations related to nutrition, physical activity, and tobacco. In addition, the Coalition performed a scan of the built environment and local resources related to these areas.

The current GPWA Community Health Assessment presents a broader picture of public health through review of results from a survey of GPWA residents; data from local, state and national sources; and existing community assets and resources. A major component of the Assessment involved completion of a community-wide survey (Health Check), which was modeled after a similar survey previously developed by Loudoun County Health Department. This survey sought feedback from GPWA residents regarding the most significant public health issues facing our community.

Following review and analysis of the Health Check Survey data, the Prince William Health District (PWHD) hosted a series of town hall and partner coalition meetings in May and June 2013. These meetings provided opportunities to obtain further community input to help with prioritization of the most significant public health issues. Results of exercises completed during these meetings consistently identified mental health and obesity as priority issues for the GPWA.

Based on the identified priority areas, the PWHD assembled two groups of relevant community partners. Through subsequent partner meetings (during July-December 2013), a community plan was developed to address mental health and obesity. This document reflects the outcome of these coordinated efforts.

As a result of partner discussions, the two priority areas were further narrowed to focus on youth emotional well-being and childhood obesity. Through continued partner meetings, specific goals, objectives, strategies, and action steps have been defined for each focus area.

The goals of the GPWA Community Health Improvement Plan, as determined by group consensus, are:

- Improve the emotional well-being of youth (0-18 years) in the Greater Prince William Area by helping youth develop skills and capacities that enable them to understand and navigate their world in healthy positive ways through targeted educational and assessment efforts; and
- Prevent childhood obesity in the Greater Prince William Area through the promotion of breastfeeding.

In the community health improvement planning process, the PWHD has facilitated the development of this document which provides a framework for implementation of strategies and action steps as well as monitoring of implemented initiatives. Going forward, the PWHD will continue to function in a facilitative role for the implementation and monitoring phases associated with both focus areas.

The GPW Coalition for Human Services and the Prenatal Care Coalition are serving as advisory bodies for Community Health Improvement Plan development and implementation activities and in monitoring capacities to ensure forward progress towards meeting the stated goals and objectives.

Over a five-year period, from 2104 to 2019, the Youth Emotional Well-being and Childhood Obesity Coalitions will work towards implementation of the identified strategies and actions steps for these two focus areas. These collaborations are essential to achieve the Plan's goals and objectives and will require engagement by all relevant community partners and stakeholders as well as broad community support. Community members are encouraged to become involved in these efforts. Together, we can create a healthier Greater Prince William Area.

## Demographics

The Greater Prince William Area (GPWA) is located in Northern Virginia, approximately 35 miles southwest of Washington, DC. The GPWA is part of the National Capital Region, which includes counties and cities in the Washington, DC metropolitan area. The GPWA encompasses a total area of 349 square miles and includes Prince William County and the independent cities of Manassas and Manassas Park.<sup>i</sup> The GPWA has a total of 454,096 residents with diverse cultural and ethnic backgrounds.<sup>ii</sup> According to 2010 US Census data, 58.1% of the GPWA's population is White, 19.4% is African American, 7.4% is Asian, 0.6% is American Indian/Alaska Native, 0.1% is Native Hawaiian/Pacific Islander, and 5.0% is of two or more races.<sup>iii</sup> Approximately 21.6% of the population is of Hispanic or Latino origin (any race).<sup>iv</sup> Five-year estimates from the US Census Bureau's American Community Survey (2007-2011) indicate that in Prince William County, Manassas City, and Manassas Park City, 21.3%, 24.5%, and 31.0% of the population, respectively, are foreign-born and 29.8%, 34.4%, and 47.1% of the population, respectively, speak a language other than English at home.<sup>v</sup> Compared with Virginia, the GPWA has a higher percentage of children under the age of 18 years (28.8% vs. 23.2% for Virginia) and a substantially lower percentage of persons aged 65 years and older (6.7% vs. 12.2% for Virginia).<sup>vi</sup>

## Background

### Community Health Assessment

In September 2013, the first comprehensive profile of public health in our community, the Greater Prince William Area (GPWA) Community Health Assessment, was released. This document expanded upon previous health assessment efforts that began in early 2012 when the Prince William Health District (PWHD), in collaboration with the Prince William Health Partnership, received a competitive Action Communities for Healthy Innovation and EnVironmental Change (ACHIEVE) grant from the Centers for Disease Control and Prevention (CDC). ACHIEVE is a nationally recognized grant that facilitates partnerships between local communities and national organizations for the purpose of creating healthier places to live, learn, work, and play. This goal is accomplished through the implementation of strategies that impact environmental changes and social norms, with a focus on promoting health and preventing chronic disease.<sup>vii</sup>

The ACHIEVE grant enabled formation of the Live Well! Coalition, whose membership includes a diverse group of community leaders and stakeholders representing Prince William County and the Cities of Manassas and Manassas Park. Using the CDC's Community Health Assessment aNd Group Evaluation (CHANGE) tool, the Live Well! Coalition completed an environmental assessment to gather information about local as well as statewide policies and regulations related to nutrition, physical activity, and tobacco.<sup>viii</sup> In addition, the Coalition performed a scan of the built environment and local resources related to these elements of wellness. Due to the GPWA's large geographic area, and limited timeframe for data collection, assessment efforts were focused primarily on a single, geographically central, magisterial district in Prince William County. These assessment results contributed to the development of a Community Action Plan for impacting nutrition education, physical activity, and tobacco cessation policies and programs.

The current GPWA Community Health Assessment presents a broader picture of public health and incorporates results from a survey of GPWA residents; input from community partners and stakeholders; data from local, state and national sources; and existing community assets and resources.



A major component of the Assessment involved completion of a community-wide survey (Health Check), which was modeled after a similar survey previously developed by Loudoun County Health Department. This survey sought feedback from GPWA residents regarding the most significant public health issues facing our community. The public health issues of greatest concern in the GPWA, as identified by Health Check survey respondents, are as follows:

Public Health Topic	Number of Responses	% (Out of 1,194 Total Respondents)
<b>Cost of Healthcare</b>	482	40.4%
<b>Obesity</b>	455	38.1%
<b>Access to Healthy Foods</b>	314	26.3%
<b>Drug Abuse</b>	310	26.0%
<b>Aging Issues</b>	280	23.5%
<b>Mental Health Issues</b>	274	22.9%
<b>Dental Care</b>	231	19.3%
<b>Alcohol Abuse</b>	226	18.9%
<b>Lack of Exercise</b>	226	18.9%
<b>Child Abuse/Neglect</b>	212	17.8%
<b>Distracted Driving</b>	212	17.8%

In addition to community input obtained through the Health Check Survey, the Assessment includes national, state, and local statistics that supplement, and help to provide context for, the survey data. The full GPWA Community Health Assessment is available on the PWHD website at: <http://www.vdh.virginia.gov/lhd/PrinceWilliam/communityreports.htm>.

## Prioritization of Public Health Issues

In June 2013, the PWHD hosted a series of three Town Hall Meetings, during which Health Check Survey results, as well as associated Assessment data, were presented and further community input was sought to inform the prioritization of identified public health issues. In May and June 2013 the PWHD also facilitated meetings with three local partner coalitions that have broad community representation: Live Well! Coalition, Prenatal Care Coalition, and Prevention Alliance.

Prioritization exercises were completed during the town hall and coalition meetings. As indicated in the table below, mental health and obesity were consistently identified as priority issues for the GPWA.

Source	Location	Issue	Responses
Live Well! Coalition	McCoart Administration Building (Woodbridge)	• Obesity • Mental Health	4/12 (33%) 3/12 (25%)
Prenatal Care Coalition	Prince William Health District (Manassas)	• Mental Health • Obesity	10/23 (43%) 5/23 (22%)
Prevention Alliance	McCoart Administration Building (Woodbridge)	• Cost of Healthcare • Mental Health	8/25 (32%) 4/25 (16%)
Town Hall	Chinn Park Regional Library (Woodbridge)	• Mental Health • Distracted Driving	5.5/29 (19%) 4/29 (14%)
Town Hall	Hylton Boys and Girls Club (Woodbridge)	• Mental Health • Obesity	11/47 (23%) 10/47 (21%)
Town Hall	Manassas Boys and Girls Club	• Obesity • Mental Health	10/37 (27%) 7/37 (19%)

During a facilitated discussion component, meeting participants identified the following reasons for their selection of specific public health issues included on the Health Check Survey:

- Insufficient mental health providers, especially for children and adolescents;
- Concern for stigma associated with mental illness;
- Recognition that mental health and obesity are underlying risk factors for chronic diseases; and
- Magnitude of the health problem.

## Community Health Improvement Plan Development Process

### What is a Community Health Improvement Plan?

“A community health improvement plan is a **long-term, systematic effort** to address public health problems on the basis of the **results of community health assessment** activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, **in collaboration with community partners**, to **set priorities and coordinate and target resources**.

A community health improvement plan is critical for **developing policies and defining actions** to target efforts that **promote health**. It should define the vision for the health of the community through a **collaborative process** and should address the gamut of **strengths, weaknesses, challenges, and opportunities** that exist in the community to **improve the health status** of that community.”

Source: Public Health Accreditation Board, Acronyms and Glossary of Terms, Version 1.0

Both the community health assessment and community health improvement processes were modeled on the principles of an evidence-based system, Mobilizing for Action through Planning and Partnerships (MAPP), developed by the National Association of County and City Health Officials (NACCHO) and Centers for Disease Control and Prevention.<sup>ix</sup>

The MAPP model guides development of community health improvement strategies and is designed to:

- Emphasize a community-driven and community-owned approach;
- Initiate and strengthen partnerships between various actors in the local public health system;
- Use the Essential Public Health Services to define public health activities and communicate them to the public; and
- Compile various forms of assessment using primary and secondary data sources to create a comprehensive picture of the community.

Over a period of 6 months (from July to December 2013), assessment results were used to inform the development of this Greater Prince William Area Community Health Improvement Plan (GPWA CHIP) for addressing identified priority public health issues. The completed GPWA CHIP will be made available on the Prince William Health District website:  
<http://www.vdh.virginia.gov/LHD/PrinceWilliam/>.

## **Mental Health Component**

### **Partnership Development**

At an initial meeting in July 2013, the Prince William Health District (PWHD) shared results of the Greater Prince William Area (GPWA) Community Health Assessment as well as prioritization exercises with the Greater Prince William (GPW) Coalition for Human Services' Board. The Coalition has a broad scope of member organizations and includes representatives from both the public and private sector. The potential for collaboration in developing a community health improvement plan to address the identified priority area of mental health was discussed. As a group, the priority health issue was narrowed to focus more specifically on child and adolescent mental health. During this initial meeting, preliminary goals, objectives, outcome indicators, and strategies were proposed and existing community assets and resources relevant to mental health issues among youth were identified.

Based on referrals provided by the Coalition's Board members, the PWHD actively reached out to organizations with a youth and/or mental health focus in an effort to seek their participation in development and implementation of this Community Health Improvement Plan. At a second meeting in August 2013, the Coalition's Board members met with invited youth and mental health community partners. Group discussion resulted in a revision of the overarching goal, from a focus on reducing negative mental health outcomes among youth to a more preventive approach focused on supporting youth emotional well-being. A list of partners and participating organizations is provided in Appendix A.

### **Roles and Responsibilities**

The GPW Coalition for Human Services has assumed an advisory/oversight role for the youth emotional well-being component of the GPWA Community Health Improvement Plan (CHIP). It is an appropriate entity for this leadership role because it has experience conducting comprehensive bi-annual human services needs assessments for the GPWA and using results to identify service gaps. For more information about the GPW Coalition for Human Services, visit: <http://www.pwchs.org/>.

The PWHD is serving as facilitator throughout the development, implementation, and monitoring phases of the GPWA CHIP. In this role, the PWHD will provide support, as needed, during implementation of the Plan. Implementation activities will be completed by three defined workgroups: Assessment, Education, and Resource.

## Monitoring Plan

For the youth emotional well-being component of the GPWA CHIP, progress will be monitored and reported through the following activities:

- Workgroup Chairs (or designees) will provide quarterly updates to the GPW Coalition for Human Services' Board at its regularly scheduled meetings.
- The PWHD will track workgroup progress through collection and management of information using a Progress Report Template and Implementation and Follow-Up Log (see Appendices E and F).
- The PWHD will coordinate preparation of annual reports summarizing progress towards meeting the stated goal, objective, strategies, and action steps. It will also facilitate review of these reports with the GPW Coalition for Human Services' Board.
- The PWHD will organize and facilitate annual town hall meetings to discuss progress and gather additional feedback from community members.

## **Obesity Component**

### **Partnership Development**

In September 2013, appropriate Prince William Health District (PWHD) staff members met to identify potential partners for the obesity component of the Greater Prince William Area Community Health Improvement Plan (GPWA CHIP). Throughout the month, partners were engaged in individual meetings to collect information and encourage participation in the CHIP process. Through initial PWHD staff discussions and subsequent partner meetings, the focus of this CHIP component was narrowed to specifically address childhood obesity. In October 2013, community partners were convened and provided with data and information from the GPWA Community Health Assessment as well as results of prioritization exercises. The group used this information, as well as national guidelines from sources such as Healthy People 2020 to develop appropriate goals, objectives and evidence-based strategies. Planning efforts continued through November and December 2013 with attendance increasing and diversifying each month. A list of partners and participating organizations is provided in Appendix A.

### **Roles and Responsibilities**

The Prenatal Care Coalition has agreed to function in an advisory/oversight role for the childhood obesity component of the GPWA CHIP. The PWHD is serving as facilitator throughout the development, implementation, and monitoring phases of the GPWA CHIP. In this role, the PWHD will provide support, as needed, for implementation activities.

## Monitoring Plan

For the childhood obesity component of the GPWA CHIP, progress will be monitored and reported through the following activities:

- Designated representatives of this childhood obesity initiative will provide quarterly updates to the Prenatal Care Coalition at its regularly scheduled meetings.
- The PWHD will track progress through collection and management of information using a Progress Report Template and Implementation and Follow-Up Log (see Appendices E and F).
- The PWHD will coordinate preparation of annual reports summarizing progress towards meeting the stated goal, objectives, strategies, and action steps. It will also facilitate review of these reports with the Prenatal Care Coalition.
- The PWHD will organize and facilitate annual town hall meetings to discuss progress and gather additional feedback from community members

## Priority Area: Youth Emotional Well-being

### Overview

In the community-wide Health Check Survey, mental health was selected by 22.9% of respondents as a significant public health issue for the Greater Prince William Area (GPWA).

National data indicate that mental health is an issue of increasing concern among children and adolescents. However, valid and reliable **local** mental health data is generally limited or non-existent. In a 2010 report on mental health in the United States, the Substance Abuse and Mental Health Services Administration (SAMHSA) acknowledged the existence of critical data gaps including:

- The lack of a defined public health surveillance system for mental health that provides subregional (state, county, rural/metropolitan area) data to enable tracking of the U.S. population's overall mental health status; and
- The lack of reliable national- or subnational-level surveillance data to monitor the mental health of vulnerable populations, including children.<sup>x</sup>

Key statistics, related to mental health outcomes, include the following:

- Approximately one in five youths experiences a mental, emotional, or behavior disorder at some point in their lifetime.<sup>xi</sup>
- According to SAMHSA's National Survey on Drug Use and Health, the percentage of adolescents (aged 12-17 years) with major depressive episodes remained relatively constant (approximately 8%), between 2008 and 2011.<sup>xii</sup>
- As Figure 1 illustrates, Virginia is among the states with the highest percentage of youths (aged 12 to 17 years) having at least one major depressive episode in the past year.
- According to national data from the Youth Risk Behavioral Surveillance System, suicide attempts by adolescents (grades 9-12) has risen from 1.9% (2009) to 2.4% (2011).<sup>xiii</sup>
- In Virginia, suicide deaths appear to be clustered among young adults (20-39 years) and middle-age adults (40-59 years) (see Figure 2). Local mortality data indicate that, within the GPWA, suicide deaths comprise a small percentage (2.9%) of the statewide total (see Table 1).
- In Prince William County, the greatest mental-health related hospitalization rates occur among the adolescent and young adult age groups (15-24 years) (see Figure 3).
- The lack of sufficient resources to address mental health needs is reflected by data indicating a significant shortage of mental health providers within the GPWA (see Table 2).



## Well-being

### Definition

Well-being includes the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment, and positive functioning.

Source: National Center for Chronic Disease Prevention and Health Promotion. Division of Population Health. *Health-Related Quality of Life (HRQOL)*. Retrieved from: <http://www.cdc.gov/hrqol/wellbeing.htm>.

Well-being is multi-dimensional, encompassing physical, mental, and social aspects, including:

- Physical well-being;
- Social well-being;
- Development and activity;
- Emotional well-being;
- Psychological well-being;
- Life satisfaction; and
- Engaging activities and work.

Research studies have associated well-being with:<sup>xiv</sup>

- Self-perceived health;
- Longevity;
- Healthy behaviors;
- Mental and physical illness;
- Social connectedness;
- Productivity; and
- Factors in the physical and social environment.

The term “serious emotional disturbance” indicates a mental health disorder among children and adolescents involving serious impairment that substantially interferes with or limits the child’s role or functioning in family, school, or community activities. Children and adolescents who experience a mental health disorder with serious impairment often experience related impairment in their day-to-day functioning. Among adolescents, 22% have experienced a lifetime mental health disorder with severe impairment (see Figure 4). National data indicate that adolescents with serious emotional disturbances are more likely than their peers to have dropped out of school, failed a grade in school, been arrested, or spent time in a juvenile corrections facility (see Figure 5).<sup>xv</sup>

As discussed above, mental and emotional well-being are critical components of overall health. Research indicates that positive emotions, as central components of well-being, are not merely the opposite of negative emotions, but are independent dimensions of mental health that can and

should be fostered.<sup>xvi</sup> Positive mental health enables people to realize their full potential, cope with life stresses, work productively, and make meaningful contributions to their communities. Measuring, tracking and promoting well-being can be useful for multiple stakeholders involved in disease prevention and health promotion. Moreover, measures of well-being track outcomes that are personally meaningful, are easily understood, and can motivate change (e.g., meaningful work, relationships, and happiness).<sup>xvii</sup>

Recently, there has been increased interest in shifting children's mental health from an individual-focused, crisis- and problem-based system to one that encompasses mental health promotion, prevention and early intervention.<sup>xviii</sup> Promotion of positive mental health in youth is a strategy that can help to achieve multiple goals for public health, mental health, and education agencies.<sup>xix</sup>

Early childhood experiences have lasting consequences later in life. Fostering emotional well-being from the earliest life stages helps build a strong foundation for overall health and well-being in adulthood.<sup>xx</sup>

An increased emphasis on well-being is evident at the national level. The US Department of Health and Human Services has identified the evaluation and improvement of health-related quality of life and well-being as a public health priority, as reflected by its addition as a new topic area for Healthy People 2020.<sup>xxi</sup>

Healthy People 2020 is evaluating measures for monitoring health-related quality of life and well-being in the United States. These measures assess the positive aspects of people's daily lives (e.g., when they feel very healthy and satisfied or content with life, the quality of their relationships, their positive emotions, resilience, and realization of their potential).<sup>xxii</sup>

One of the Strategic Directions in the National Prevention Strategy is Empowered People, which includes an emphasis on ensuring that young people are provided with the knowledge, skills, and opportunities that enable them to become healthy adults.<sup>xxiii</sup> The goal for the youth emotional well-being component of the GPWA Community Health Improvement Plan (CHIP) is well aligned with the National Prevention Strategy's recommendation to provide individuals and families with the support necessary to maintain positive mental well-being. Enhancing problem-solving and coping skills as well as improving relationships supports mental and emotional well-being.<sup>xxiv</sup> Social developmental strategies can enhance self-esteem, help people handle difficult social situations, and empower people to seek help when needed.<sup>xxv</sup>

## **Goals, Objectives, Strategies, and Action Steps**

Through group discussion and consensus, CHIP participants defined a broad goal and measurable objective as well as strategies and corresponding action steps for the youth emotional well-being component (see Appendix B). Appropriate outcome and performance indicators were also developed to enable assessment of progress toward the stated objective and actions steps.

## Data

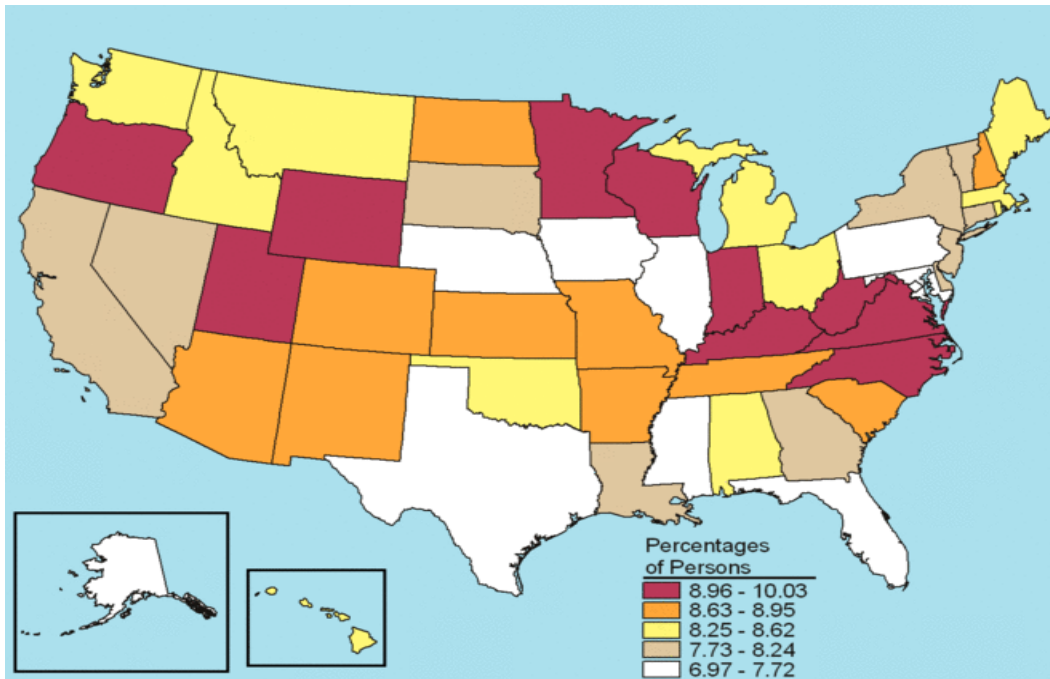


Figure 1: Having at Least One Major Depressive Episode in Past Year among Youths Aged 12 to 17, 2007 – 2008  
Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. *National Survey on Drug Use and Health, 2007 and 2008*. Retrieved from <http://www.oas.samhsa.gov/2k8state/Ch6.htm>

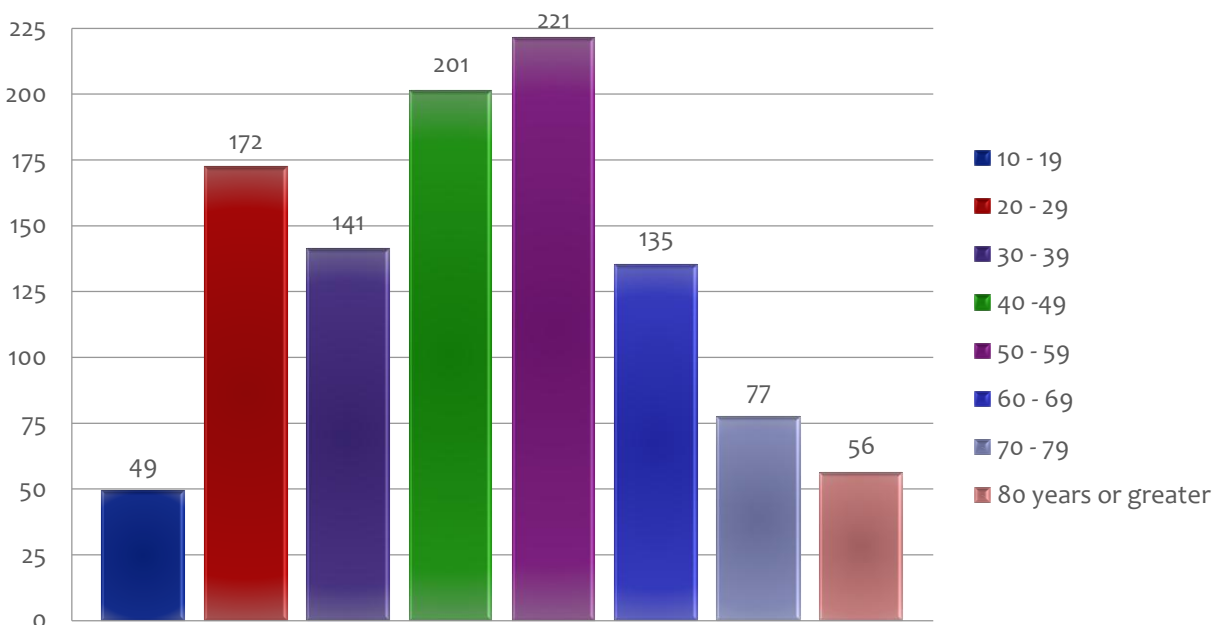


Figure 2: Number of Suicide Deaths by Age, Virginia, 2011  
Source: Virginia Department of Health, Division of Health Statistics. (2011). Retrieved from <http://www.vdh.virginia.gov/HealthStats/>

Number of Suicide Deaths	
Prince William County	26
Manassas City	3
Manassas Park City	1
Virginia	1,052

Table 1: Number of Suicide Deaths, 2011

Source: Virginia Atlas of Community Health. (2011). Retrieved from <http://www.atlasva.com>

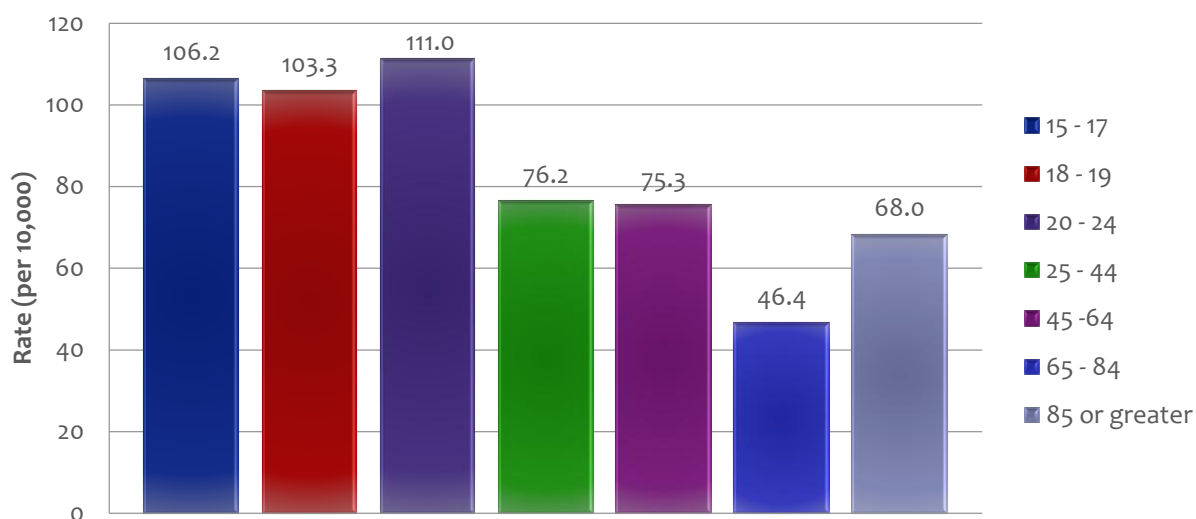


Figure 3: Mental Health-Related Hospitalization Rate by Age, Prince William County, 2007-2009

Source: Mary Washington Healthcare. Retrieved from

<http://www.marywashingtonhealthcare.com/chir/community-dashboard.html>

Ratio of Population to Mental Health Providers	
Prince William County	5,806:1
Manassas City	3,478:1
Manassas Park City	7,216:1
Virginia	2,217:1

Table 2: Availability of Mental Health Providers, 2011-2012

Source: County Health Rankings. (2013). Retrieved from

[www.countyhealthrankings.org](http://www.countyhealthrankings.org)

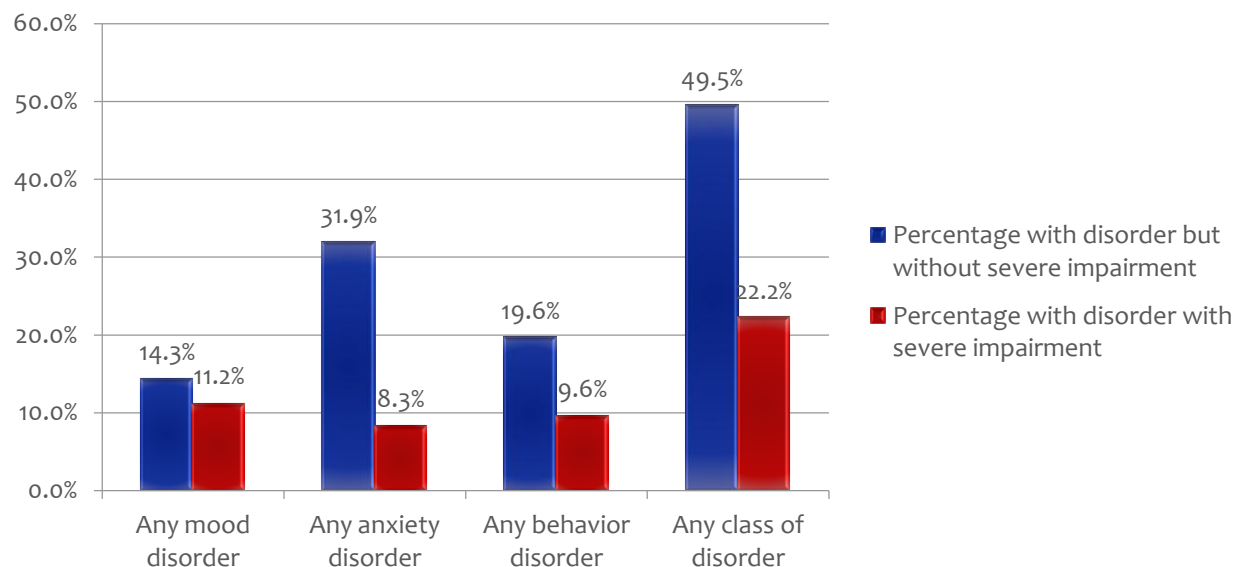


Figure 4: Lifetime prevalence of selected mental health disorder classes with and without severe impairment among adolescents aged 13 to 18, 2001–2004

Source: Substance Abuse and Mental Health Services Administration. (2013). *Behavioral Health, United States, 2012*. HHS Publication No. (SMA) 13-4797. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/2012BehavioralHealthUS/2012-BHUS.pdf>

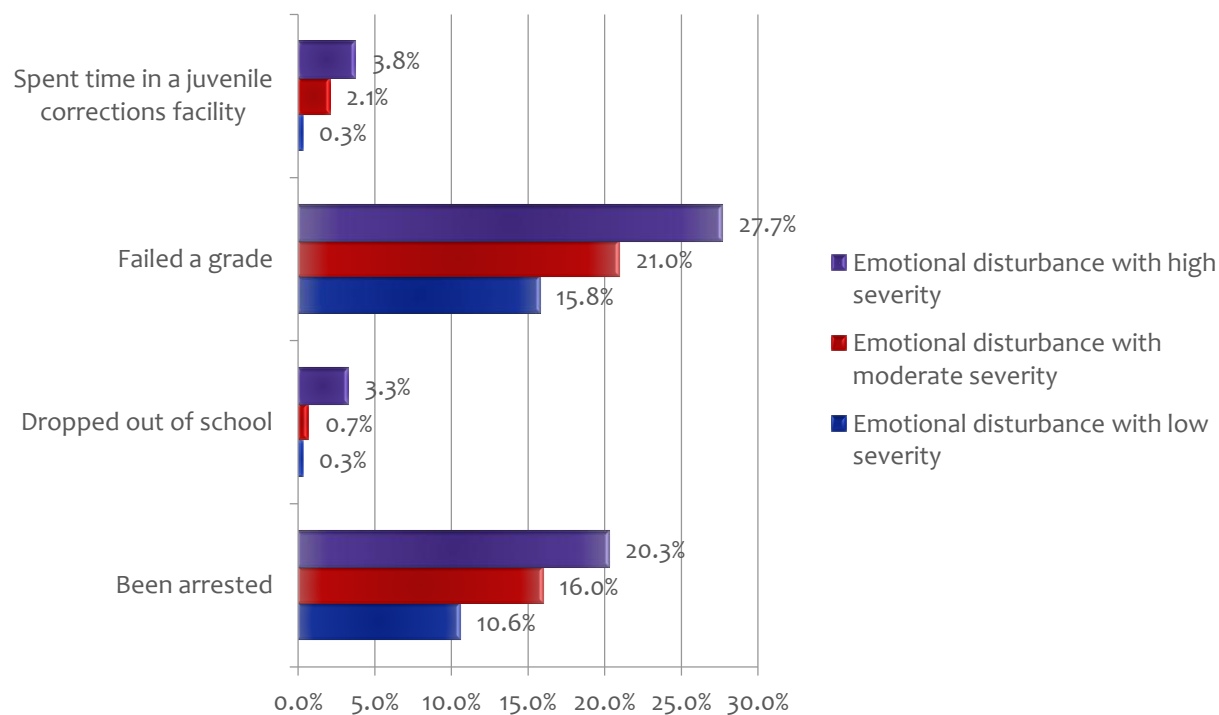


Figure 5: Lifetime prevalence of being arrested, dropping out of school, failing a grade, and spending time in a juvenile corrections facility among adolescents aged 13 to 18, by level of severity of emotional disturbance, United States, 2001–2004

Source: Substance Abuse and Mental Health Services Administration. (2013). *Behavioral Health, United States, 2012*. HHS Publication No. (SMA) 13-4797. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/2012BehavioralHealthUS/2012-BHUS.pdf>

## Priority Area: Childhood Obesity Prevention

### Overview

In 2013, the American Medical Association (AMA) recognized obesity as a disease. According to the AMA, the national prevalence of childhood obesity has increased from 5% in 1980 to 17% in 2008.<sup>xxvi</sup> The Centers for Disease Control and Prevention (CDC) now approximates that 1 in 8 preschoolers in the United States are obese.<sup>xxvii</sup> Obese children have an increased risk for a number of serious acute and chronic health conditions including cancer, cardiovascular disease, diabetes, osteoarthritis, as well as social and psychological problems. Overweight or obese preschoolers are also 5 times as likely to be overweight or obese adults when compared to normal-weight children.<sup>xxviii</sup>

Virginia and Prince William County are among the regions with the highest obesity prevalence for low-income children in the United States (see Figures 6 and 7). According to the Virginia Atlas of Community Health, 18% of high school-aged youth (14-19 years) in the Greater Prince William Area (GPWA) are overweight and 12% are obese.<sup>xxix</sup> In Prince William County, 21.1% of children aged 2-4 living in households with an income less than 200% of the federal poverty level were obese between 2009 and 2011.<sup>xxx</sup> The Health Check Survey revealed obesity as a community priority, with 38.1% of respondents selecting it as a significant public health issue.<sup>xxxi</sup>

Addressing the childhood obesity epidemic is a national, state, and local priority. Objective NWS-10 of Healthy People 2020 is to reduce the proportion of children and adolescents who are considered obese.<sup>xxxii</sup> The Virginia Department of Health Strategic Plan states that the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) “supports the agency mission through its leadership in the Commonwealth’s effort to prevent obesity, provision of education materials relative to community nutrition areas and collaboration with public and private stakeholders in the state’s health.”<sup>xxxiii</sup> Furthermore, one of the goals outlined in the Prince William Health District (PWHD) Strategic Plan is to reduce the risk of childhood obesity through services and programs that enable healthy eating.

## Breastfeeding

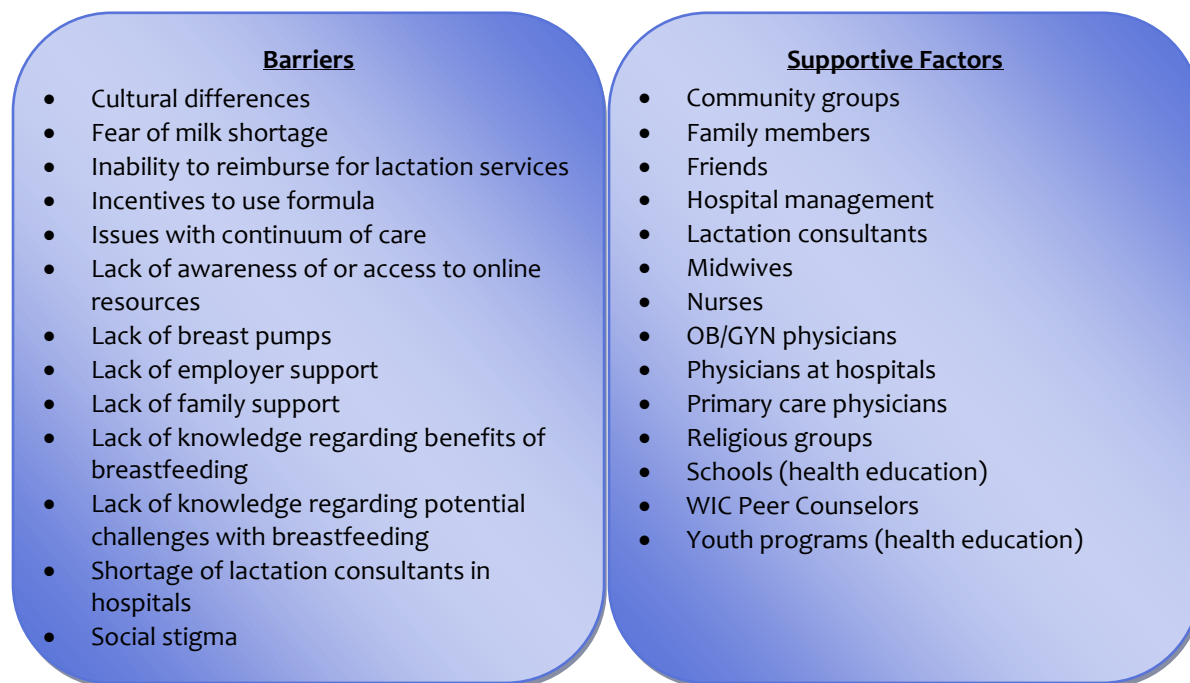
Recent research suggests that breastfeeding helps protect against childhood obesity in addition to providing many other benefits to the mother and baby. The CDC estimates that breastfeeding for 9 months reduces a child's chances of becoming overweight by more than 30%.<sup>xxxiv</sup> The promotion of this practice as a method for protecting against childhood obesity aligns with national and state objectives as well as the resources that exist in the GPWA.

Maternal, Infant, and Child Health (MICH) Objective 21 of Healthy People 2020 is to increase the proportion of infants who are breastfed. Breastfeeding promotion is also a component of the Virginia Department of Health's strategic plan, which states that the goals of WIC are "to improve infant and family health by making breastfeeding the cultural norm and to increase the rates of breastfeeding initiation and duration among the general public and WIC participants."<sup>xxxv</sup>

While there are a wide variety of evidence-based methods for combating the childhood obesity epidemic, the GPWA chose to focus on breastfeeding promotion because it capitalizes on existing initiatives and resources, and will encourage and strengthen partnerships between stakeholders across sectors.

## Goals, Objectives, Strategies, and Action Steps

A mother's decision and ability to breastfeed are influenced by many factors. The following barriers and supportive factors, which are particularly relevant in the GPWA, were identified during development of the group's goals, objectives and strategies.



After consideration of state and national priorities, community resources, and input from stakeholders, Community Health Improvement Plan participants defined a broad goal and measurable objectives as well as strategies and corresponding action steps for the childhood obesity component (see Appendix C). Appropriate outcome and performance indicators were also developed to enable assessment of progress toward the stated objective and actions steps.



## Data

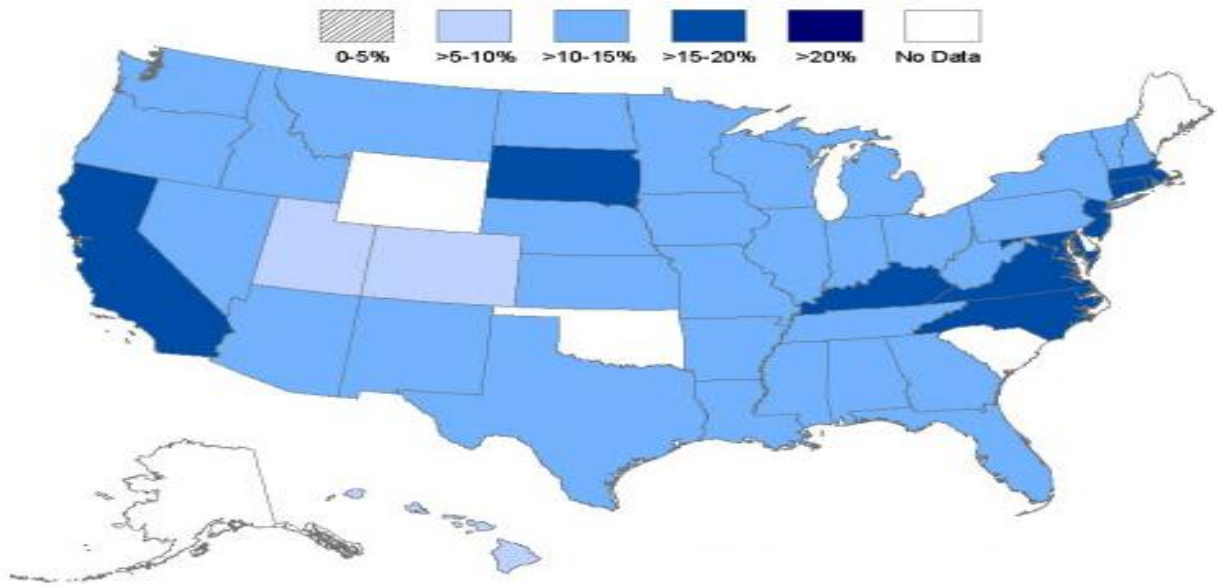


Figure 6: State Obesity Prevalence among Low-Income Children Aged 2 to 4 Years, 2011  
Source: Centers for Disease Control and Prevention. (2012). *Overweight and Obesity*. Retrieved from <http://www.cdc.gov/obesity/data/childhood.html>

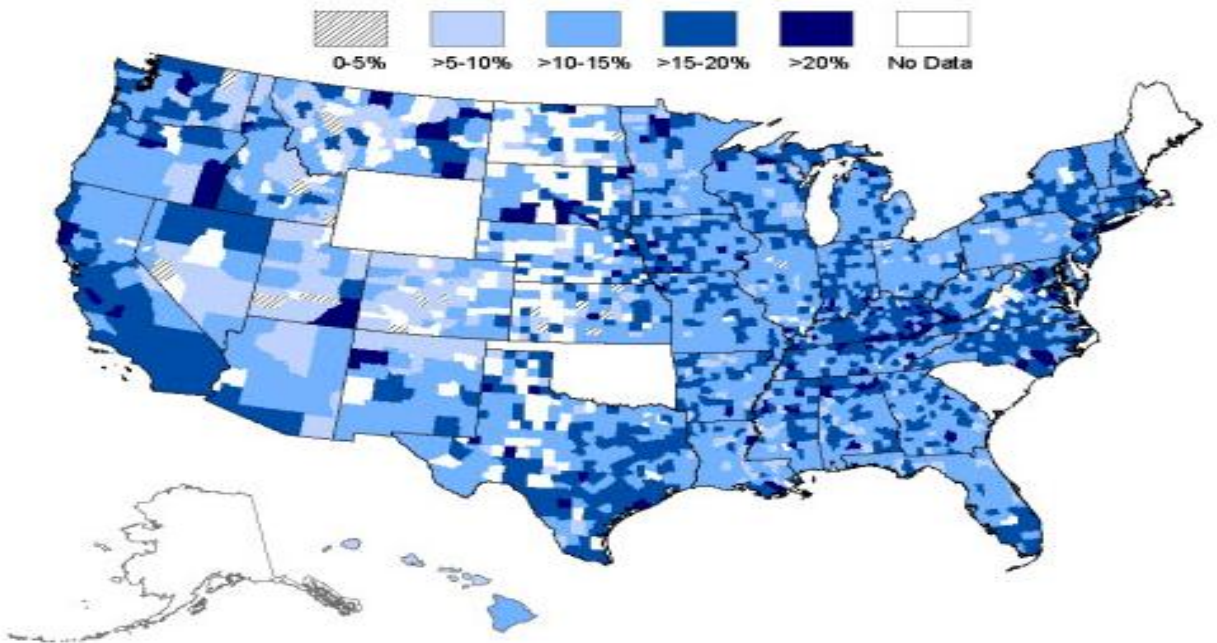


Figure 7: County Obesity Prevalence among Low-Income Children Aged 2 to 4 Years, 2009-2011  
Source: Centers for Disease Control and Prevention. (2012). *Overweight and Obesity*. Retrieved from <http://www.cdc.gov/obesity/data/childhood.html>



## Appendix A – Partners and Participating Organizations

### Greater Prince William Coalition for Human Services

The Greater Prince William Coalition for Human Services is comprised of representatives from public and private service agencies as well as individuals who have an interest in strengthening the safety net of community services. The Coalition seeks to serve as the focusing agent for building a collaborative network of service providers who maximize the efficient and effective use of resources, while minimizing duplicative efforts. In partnership with the United Way of the National Capital Area, the Coalition produces a comprehensive bi-annual human services needs assessment for Prince William County and the Cities of Manassas and Manassas Park. As follow-up to its assessment efforts, the Coalition advocates for a broad range of actions, programs and policies related to positively resolving identified service gaps.

### Prenatal Care Coalition

The Prenatal Care Coalition is comprised of representatives from public and private service agencies as well as local hospitals and individuals who have an interest in strengthening the prenatal and postpartum safety net and improving pregnancy outcomes of women in the Prince William Health District. The Prenatal Care Coalition facilitates a community collaborative network in order to share information and resources, as well as maximize the efficient and effective use of community resources, while minimizing duplicative efforts, improving pregnancy outcomes, and implementing best evidence-based practices. As the Prenatal Care Coalition continues to grow in membership, it advocates for those most vulnerable reproductive women in our community, identifies service gaps, and attempts to address these gaps.

### Youth Emotional Well-being Partner Organizations

Action in Community through Service (ACTS)	Novant Health – Prince William Medical Center
Court Appointed Special Advocates (CASA), Children's Intervention Services of Greater Prince William, Fauquier & Rappahannock	Phoenix Counseling Services, PLLC
Early Childhood Partnership	Prince William County At-Risk Youth & Family Services
Greater Prince William Coalition for Human Services	Prince William County Community Services
Manassas City Police Department	Prince William County Public Schools
Manassas City Public Schools	Prince William County Public Schools – Head Start
Manassas Park Department of Parks & Recreation	Prince William Health District
National Alliance on Mental Illness – Prince William	Sentara Healthcare
Northern Virginia Family Service	Smart Beginnings Greater Prince William
	Virginia Cooperative Extension - Prince William County

### Childhood Obesity Prevention Partner Organizations

Manassas Midwifery	Sentara Northern Virginia Medical Center
Novant Health – Prince William Medical Center	Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
Prince William Health District	

## Appendix B – Youth Emotional Well-being Goals, Objectives, Strategies, and Action Steps

### Youth Emotional Well-being Goal

*Improve the emotional well-being of youth (0-18 years) in the Greater Prince William Area by helping youth develop skills and capacities that enable them to understand and navigate their world in healthy positive ways through targeted educational and assessment efforts*

Objective	Outcome Indicator
Increase the number of youth enrolled in appropriate programs that promote their emotional well-being	Number of youth enrolled in appropriate programs that promote their emotional well-being
<b>Assessment Workgroup</b>	
<b>Strategies</b>	
❖ Identify community-wide measures of youth emotional well-being	❖ Monitor and report community-wide data trends of youth emotional well-being
<b>Action Steps</b>	
<ul style="list-style-type: none"> <li>➤ Brainstorm community-wide measures of youth emotional well-being</li> <li>➤ Determine criteria for acceptable measures</li> <li>➤ Research sources for chosen measures</li> <li>➤ Determine validity of chosen measures</li> <li>➤ Solicit input from the Education and Resource workgroups regarding: <ul style="list-style-type: none"> <li>○ Other potential measures</li> <li>○ Potential community members who might provide guidance regarding additional measures</li> </ul> </li> <li>➤ Understand the Youth Risk Behavior Survey (YRBS)</li> <li>➤ Determine if the YRBS has valuable measures of youth emotional well-being</li> <li>➤ Understand the Virginia Youth Survey (VYS)</li> <li>➤ Determine if the VYS has valuable measures of youth emotional well-being</li> </ul>	<ul style="list-style-type: none"> <li>➤ Develop methodology for collecting measures of youth emotional well-being</li> <li>➤ Develop methodology for reporting measures</li> <li>➤ Report data trends to the Education and Resource workgroups</li> </ul>

<ul style="list-style-type: none"> <li>➤ Understand school threat assessments</li> <li>➤ Determine if school threat assessments have valuable measures of youth emotional well-being</li> <li>➤ Explore other surveys and assessments</li> </ul>					
<p style="text-align: center;"><b>Performance Indicators</b></p>					
<ul style="list-style-type: none"> <li>➤ Completed list of community-wide indicators of youth emotional well-being</li> <li>➤ Description of criteria for acceptable measures</li> <li>➤ Completed list of sources for specific measures</li> <li>➤ Proof of validity for chosen measures</li> <li>➤ List of additional community members and contact information</li> </ul>	<ul style="list-style-type: none"> <li>➤ Documented methodology describing the process for obtaining and trending measures</li> <li>➤ Number of data reports to Education and Resource workgroups</li> </ul>				
<p style="text-align: center;"><b><u>Education Workgroup</u></b></p> <p style="text-align: center;"><b>Strategies</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>❖ Develop educational initiatives focused on increasing the number of youth enrolled in appropriate programs that promote their emotional well-being</li> </ul> </td><td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>❖ Develop monitoring and evaluation processes for educational initiatives</li> </ul> </td></tr> </table> <p style="text-align: center;"><b>Action Steps</b></p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>➤ Educate expectant mothers on impact of maternal health on fetal brain development and on social-emotional aspects of early childhood</li> <li>➤ Educate parents, care-givers/teachers, and the community regarding child development, emergent literacy, and executive brain skills using existing best practices</li> <li>➤ Educate parents and clinicians on behavioral health resources and screening practices</li> <li>➤ Educate parents and community on value of high quality early childhood programs that address social-emotional components</li> <li>➤ Improve parenting class attendance by enhancing existing content through inclusion of additional best-practice components</li> <li>➤ Educate GPWA community and policy leaders about efficacy of comprehensive cognitive and social-emotional interventions for</li> </ul> </td><td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>➤ Identify methods for monitoring the implementation of each educational initiative</li> <li>➤ Identify methods for evaluating the effectiveness of each educational initiative</li> </ul> </td></tr> </table>		<ul style="list-style-type: none"> <li>❖ Develop educational initiatives focused on increasing the number of youth enrolled in appropriate programs that promote their emotional well-being</li> </ul>	<ul style="list-style-type: none"> <li>❖ Develop monitoring and evaluation processes for educational initiatives</li> </ul>	<ul style="list-style-type: none"> <li>➤ Educate expectant mothers on impact of maternal health on fetal brain development and on social-emotional aspects of early childhood</li> <li>➤ Educate parents, care-givers/teachers, and the community regarding child development, emergent literacy, and executive brain skills using existing best practices</li> <li>➤ Educate parents and clinicians on behavioral health resources and screening practices</li> <li>➤ Educate parents and community on value of high quality early childhood programs that address social-emotional components</li> <li>➤ Improve parenting class attendance by enhancing existing content through inclusion of additional best-practice components</li> <li>➤ Educate GPWA community and policy leaders about efficacy of comprehensive cognitive and social-emotional interventions for</li> </ul>	<ul style="list-style-type: none"> <li>➤ Identify methods for monitoring the implementation of each educational initiative</li> <li>➤ Identify methods for evaluating the effectiveness of each educational initiative</li> </ul>
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at-risk children through Early Head Start and Head Start/Virginia Preschool Initiative (VPI)

- Educate all staff interacting with children and youth (teachers, administrators, bus drivers, cafeteria workers, janitors, etc.) in best social-emotional practices that help children and youth develop skills and capacities that enable them to understand and navigate their world in healthy, positive ways
- Educate the community and youth regarding PWCS bullying resources and tip line
- Educate high school administrators regarding the mutual benefits of peer mentoring for high school aged mentors and mentees
- Educate the community and youth about mental illnesses to reduce stigma, promote understanding, and encourage treatment

#### **Performance Indicators**

- Number of educational initiatives developed for expectant mothers
- Number of educational materials distributed to parents and the community
- Number of trainings/programs provided to parents and caregivers/teachers
- Number of parents of at-risk infants participating in voluntary home visiting programs
- Number of families served by Part C, Early Intervention
- Number of educational materials distributed to parents
- Number of presentations delivered to each GPWA hospital per year
- Number of screenings performed and corresponding referrals to resources
- Number of at-risk and low-income children receiving subsidies who are enrolled in high quality early care and education

- Written summary of identified monitoring methods
- Written summary of identified evaluation methods

<p>programs</p> <ul style="list-style-type: none"> <li>➤ Number of early care and education programs participating in Virginia Star Quality Initiative</li> <li>➤ Number of attendees participating in parenting classes for all age levels pre- and post- enhancement</li> <li>➤ Number of meetings/communications with community and policy leaders</li> <li>➤ Number of eligible children enrolled in Early Head Start and Head Start/VPI</li> <li>➤ Number of schools participating in applicable educational programs</li> <li>➤ Number of hits on social media sites</li> <li>➤ Number of schools and community venues in which educational materials are posted</li> <li>➤ Number of mentoring clubs established</li> <li>➤ Number of educational initiatives undertaken</li> </ul>											
<table border="1"> <thead> <tr> <th colspan="2"><b>Resource Workgroup</b></th></tr> <tr> <th colspan="2"><b>Strategies</b></th></tr> </thead> <tbody> <tr> <td data-bbox="172 893 1050 1023">❖ Complete a gap analysis of programs and services that promote emotional well-being among youth</td><td data-bbox="1050 893 1921 1023">❖ Educate community stakeholders and potential funders regarding the need for programs and services that promote emotional well-being among youth</td></tr> <tr> <th colspan="2"><b>Action Steps</b></th></tr> <tr> <td data-bbox="172 1055 1050 1421"> <ul style="list-style-type: none"> <li>➤ Identify existing community resources that promote emotional well-being of youth</li> <li>➤ Determine needed community resources that promote emotional well-being of youth</li> <li>➤ Determine utilization of existing community resources that promote emotional well-being of youth</li> </ul> </td><td data-bbox="1050 1055 1921 1421"> <ul style="list-style-type: none"> <li>➤ Identify key community stakeholders and potential funders for targeted educational efforts regarding needed programs and services that promote emotional well-being among youth</li> <li>➤ Develop informational materials for educational efforts targeted to key community stakeholders and potential funders</li> <li>➤ Deliver educational messages to key community stakeholders and potential funders</li> </ul> </td></tr> </tbody> </table>		<b>Resource Workgroup</b>		<b>Strategies</b>		❖ Complete a gap analysis of programs and services that promote emotional well-being among youth	❖ Educate community stakeholders and potential funders regarding the need for programs and services that promote emotional well-being among youth	<b>Action Steps</b>		<ul style="list-style-type: none"> <li>➤ Identify existing community resources that promote emotional well-being of youth</li> <li>➤ Determine needed community resources that promote emotional well-being of youth</li> <li>➤ Determine utilization of existing community resources that promote emotional well-being of youth</li> </ul>	<ul style="list-style-type: none"> <li>➤ Identify key community stakeholders and potential funders for targeted educational efforts regarding needed programs and services that promote emotional well-being among youth</li> <li>➤ Develop informational materials for educational efforts targeted to key community stakeholders and potential funders</li> <li>➤ Deliver educational messages to key community stakeholders and potential funders</li> </ul>
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### **Performance Indicators**

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>➤ <i>List of community programs and services that promote skill/capacity-building for improvement of emotional well-being among youth</i></li><li>➤ <i>List of needed community programs and services that promote skill/capacity-building for improvement of emotional well-being among youth</i></li><li>➤ <i>Numbers of participants in existing community programs and services that promote skill/capacity-building for improvement of emotional well-being of youth</i></li></ul> | <ul style="list-style-type: none"><li>➤ <i>List of key community stakeholders and potential funders</i></li><li>➤ <i>Informational materials, containing three key statements/talking points, for key community stakeholders and potential funders</i></li><li>➤ <i>Numbers of emails/letters sent and presentations made to key community stakeholders and potential funders</i></li></ul> |
|---|---|

## Appendix C – Childhood Obesity Prevention Goals, Objectives, Strategies, and Action Steps

<b>Childhood Obesity Goal</b> Prevent childhood obesity in the Greater Prince William Area through the promotion of breastfeeding		
<b>Objectives</b>		<b>Outcome Indicators</b>
<ul style="list-style-type: none"> <li>❖ Increase the number of Baby Friendly facilities in the GPWA from 0 to 3 by CY 2018</li> <li>❖ Increase proportion of WIC clients in the Greater Prince William Area who are partially breastfeeding from 52.5% to 62.5%</li> <li>❖ Decrease the proportion of low-income preschoolers who are obese in Prince William County from 21.1% to 18.7% by CY 2018</li> </ul>		<ul style="list-style-type: none"> <li>❖ Number of hospitals in the Greater Prince William Area that are Baby Friendly</li> <li>❖ Proportion of WIC clients in the Greater Prince William Area who are partially breastfeeding</li> <li>❖ Proportion of low-income preschoolers considered obese in Prince William County</li> </ul>
<b>Strategies</b>		
<ul style="list-style-type: none"> <li>❖ Support community hospitals in becoming Baby Friendly</li> </ul>	<ul style="list-style-type: none"> <li>❖ Provide additional support to breastfeeding mothers</li> </ul>	<ul style="list-style-type: none"> <li>❖ Empower women to counteract poor community, family, and employer support for breastfeeding</li> </ul>
<b>Action Steps</b>		
<ul style="list-style-type: none"> <li>➤ Determine if local hospitals have existing and actively used breastfeeding policies</li> <li>➤ Review and provide feedback on existing breastfeeding policies or provide technical assistance for policy development</li> <li>➤ Identify best practices of other Baby Friendly facilities</li> </ul>	<ul style="list-style-type: none"> <li>➤ Develop continuum of care among healthcare entities to promote continuation of breastfeeding</li> <li>➤ Develop scripts for hospitals and WIC to limit formula use</li> <li>➤ Increase presence of WIC staff at hospitals</li> <li>➤ Identify and raise awareness of breastfeeding benefits available through health insurance plans</li> <li>➤ Assess mothers' ability to breastfeed at work</li> <li>➤ Recognize employers that support breastfeeding mothers</li> </ul>	<ul style="list-style-type: none"> <li>➤ Disseminate educational messages to raise community awareness of the benefits of breastfeeding, including the association between long-term breastfeeding and decrease in childhood obesity, in culturally appropriate ways</li> <li>➤ Research behaviors of family members that sabotage breastfeeding</li> <li>➤ Research practices that encourage women to address family sabotage of their breastfeeding efforts</li> <li>➤ Develop a list of community classes that provide breastfeeding education to</li> </ul>

	<ul style="list-style-type: none"> <li>➤ Research potential funding opportunities to support purchase of breast pumps</li> <li>➤ Develop and distribute a list of resources for pregnant women and breastfeeding mothers</li> </ul>	<p>family members and mothers</p> <ul style="list-style-type: none"> <li>➤ Develop a guide for women on how to respond to different family scenarios that discourage breastfeeding</li> </ul>
<ul style="list-style-type: none"> <li>➤ Number of local hospitals with actively used breastfeeding policies</li> <li>➤ Number of completed reviews of hospital breastfeeding policies</li> <li>➤ Number of Baby-Friendly facilities contacted for best practices</li> </ul>	<p><b><u>Performance Indicators</u></b></p> <ul style="list-style-type: none"> <li>➤ Number of scripts developed to improve continuum of care</li> <li>➤ Number of WIC staff present in hospitals</li> <li>➤ Number of hours per week that WIC staff are present at hospital</li> <li>➤ List of breastfeeding benefits available through health insurance plans</li> <li>➤ Number of venues in which benefits information is provided</li> <li>➤ Completed survey that assesses mothers' ability to breastfeed at work</li> <li>➤ Development of mechanism to formally recognize employers that support breastfeeding mothers</li> <li>➤ Number of employers recognized</li> <li>➤ Number of funding opportunities for purchase of breast pumps identified</li> <li>➤ List of resources for pregnant women and breastfeeding mothers</li> </ul>	<ul style="list-style-type: none"> <li>➤ Number of educational messages developed</li> <li>➤ Number of venues in which educational messages are distributed</li> <li>➤ Summary of family member behaviors that sabotage breastfeeding</li> <li>➤ Summary of research practices that encourage women to address family sabotage of their breastfeeding efforts</li> <li>➤ List of community classes that provide breastfeeding education to family members and mothers</li> <li>➤ Completed guide for women on how to respond to different family scenarios that discourage breastfeeding</li> </ul>



## Appendix D – GPWA Community Health Improvement Plan Workgroups

### Youth Emotional Well-being

#### *Assessment Workgroup*

**Alison Ansher**  
Health Director  
Prince William Health District

**Victor Evans**  
Program Manager  
Prince William County At-Risk Youth & Family Services

**Traci Fuchs**  
Co-Coordinator  
Manassas City CIT

**Paul Moessner**  
Board Member  
Greater Prince William Coalition for Human Services

**Andrea Saccoccia**  
Grants Administrator  
CASA Children's Intervention Services of Prince William, Fauquier & Rappahannock

#### *Education Workgroup*

**Kathy Channell**  
Head Start Administrative Coordinator  
Prince William County Public Schools – Head Start

**Vicki Graham**  
Helpline Program Director  
Action in Community through Service (ACTS)

**William Harms**  
Helpline Assistant Program Director  
Action in Community through Service (ACTS)

**Blanca Leyva**  
Mental Health Specialist  
Prince William County Public Schools – Head Start

**Duong Nguyen**  
Public Health Physician  
Prince William Health District

**Jo Anne Renton**  
Parent Education Program Manager  
Virginia Cooperative Extension - Prince William County

**Dolores Robison**  
Threat Assessment Coordinator  
Prince William County Public Schools

**Roselle Stark**  
Owner  
Phoenix Counseling Services, PLLC

**Debi Stepien**  
Consultant  
Early Childhood Partnership

**Laura Stokes**  
Public Health Associate  
Prince William Health District

**Pat Victorson**  
Secretary  
Early Childhood Partnership  
NAMI-PW

### *Resource Workgroup*

**Max Collins**

Coordinator  
Student Assistance Programs  
Manassas City Public Schools

**Frances Harris**

Executive Director  
Action in Community through Service (ACTS)

**Kendra Kielbasa**

Director  
Smart Beginnings Greater Prince William

**Heather Martinsen**

Prevention Specialist  
Prince William County Community Services

### **Childhood Obesity Prevention**

**Alison Ansher**

Health Director  
Prince William Health District

**Laura Baez**

Office Services Specialist  
Prince William Health District

**Amy CasaGrande**

Senior Nutritionist  
Prince William Health District, WIC Office

**Rachel Crossen**

IBSLC  
Manassas Midwifery

**Karen Fujii**

Health Planner  
Prince William Health District

**Meredith McKeen**

Director  
Intervention and Prevention Services  
Northern Virginia Family Service

**Judy Merring**

RN  
Community Health and Prevention  
Sentara Healthcare

**Anthony Thomas**

Recreation Supervisor  
Manassas Park Department of Parks &  
Recreation

**Alison Liggett**

Nutritionist  
Prince William Health District, WIC Office

**Teresa Post**

BSN, IBCLC  
Novant Health Prince William Medical Center

**Nancy Sonnenberg**

Social Work Case Manager  
Novant Health Prince William Medical Center

**Laura Stokes**

Public Health Associate  
Prince William Health District

**Adrienne Walker**

RN, BSN  
Sentara Northern Virginia Medical Center

## Appendix E – Progress Report Template

### Greater Prince William Area CHIP Progress Report [CHIP Priority Area Name]

*(Note: Please complete a Progress Report after each working meeting.  
Completed Report should be sent to the Prince William Health District facilitator)*

Workgroup Name (if applicable):

Date:

Goal:

Objective:

Strategy :				
Action Step(s):	Person(s) Responsible:	Progress Report: Please provide the following information: <ul style="list-style-type: none"><li>• Key accomplishments, including completion dates</li><li>• Barriers encountered</li><li>• Next steps</li></ul>	Target Completion Date:	Status: (Indicate “Complete” or “In Progress”)
Resources Needed:				

## Appendix F – Implementation and Follow-Up Log

**Goal:**

**Objective:**

Workgroup (if applicable)	Strategies	Action Steps	Person(s) Responsible	Target Completion Date	Status
		a.			
		b.			
		c.			
		a.			
		b.			
		c.			
		a.			
		b.			
		c.			
		a.			
		b.			
		c.			
		a.			
		b.			
		c.			
		a.			
		b.			
		c.			

## Endnotes

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